Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN642HOS	A. BUILDING _____ B. WING _____	C 07/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHEASTERN NV REGIONAL HOSPITAL	2001 ERRECART BLVD ELKO, NV 89801

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 7/7/09 and finalized on 7/8/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00022040 was substantiated with deficiencies cited. See Tag 88. Complaint #NV00021989 was unsubstantiated. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000		
S 088 SS=F	NAC 449.316 Physical Environment 1. The buildings of a hospital must be solidly constructed with adequate space and safeguards for each patient. The condition of the physical plant and the overall hospital environment must be developed and maintained in a manner so that the safety and well-being of patients are ensured. This Regulation is not met as evidenced by:	S 088		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 088	Continued From page 1 Based on observation and interview the facility failed to maintain the hallway floors in a manner so that the safety of patients is ensured. Findings include: A tour through the emergency room area revealed a large, uneven crack in the floor in the hallway near the emergency room. The crack was approximately 4 feet in length, 3/4 to 1 inch in width, and 1/2 inch deep. Severity: 2 Scope: 3 Complaint #NV00022040	S 088		